



ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

900 West Capitol
Suite 400
Little Rock, AR 72201
Main (501) 682-3171

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asbalaid@arkansas.gov

L.A.R.E. EXAM CANDIDATE APPLICATION

Every candidate shall submit this application to the Board as established in Arkansas Code Annotated §17-15-311. All questions must be answered and signed and requested information provided. If not, your application will be returned and your application will not be processed.

Please mail to:

ASBALAID, 900 West Capitol, Suite 400, Little Rock, AR 72201.

1. PERSONAL CONTACT INFORMATION ----- REQUIRED

Last Name:	<input type="text"/>	Social Security No.	<input type="text"/>
First Name:	<input type="text"/>	<small>Disclosure of your social security number is mandatory. Collection is authorized by the authority of Arkansas Act 1163 of 1997 and [42 U.S.C.A. 666(A) (13)]. The Arkansas State Board of Architects, Landscape Architects and Interior Designers must transfer all social security numbers (SSN) to the Arkansas Office of Child Support Enforcement for child support purposes. The SSN shall not be disclosed publicly and is exempt from open records requirement of the Freedom Information Act. Other disclosure of your SSN without consent is a Class B Misdemeanor.</small>	
Middle Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Country:	<input type="text"/>
Daytime Phone:	<input type="text"/>		
Residence Phone:	<input type="text"/>		
E-mail Address:	<input type="text"/>		
<small>*all e-mail correspondence will be sent to address provided</small>			

THIS SECTION FOR BOARD'S USE ONLY

Name on Check:	<input type="text"/>			<input type="text"/>			
Check Date:	<input type="text"/>	Check Number:	<input type="text"/>				
		Check Amount:	<input type="text"/>				
Review Date:	<input type="text"/>	Approved By:	<input type="text"/>	Denied By:	<input type="text"/>	Approval Date:	<input type="text"/>

2. CITIZENSHIP

United States Citizenship: Birth Naturalized

Other Citizenship:

3. BIRTHDATE

Birthdate:

Place of Birth:

Gender: Male Female

4. EDUCATION AND EXPERIENCE

1. Have you obtained a passing score on any section of the L.A.R.E.?

Yes No

If yes, please list all sections and date passed below.

2. Do you have a minimum of two (2) years satisfactory experience in landscape architecture?

Yes No

If no, please explain.

3. List your educational background, the degree awarded, and the year of graduation:

Name of Undergraduate Institution:

Degree Awarded:

Date:

Name of Post Graduate Institution:

Degree Awarded:

Date:

5. AFFIDAVIT

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has any registration board taken any "disciplinary action" against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your eligibility to take the L.A.R.E. been revoked or suspended in any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you been under investigation by any state, federal, or local municipality for violating the laws regulating the practice of architecture? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you surrendered a license issued to you by an U.S. state or any Canadian provincial licensing agency for any reasons other than failure to renew a license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States or Canadian province, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The applicant agrees as follows:

- I have truthfully answered the foregoing questions, and I understand that falsifying this application will result in revocation of my eligibility to take the L.A.R.E. and any further disciplinary action as the Board deems appropriate.
- I will not represent myself as a landscape architect or offer to perform landscape architectural services in the state of Arkansas until I have met the exam requirements and a landscape architect's license has been granted by this board.
- I have read the Landscape Architectural Act and Rules/Regulations of the Arkansas State Board of Architects, Landscape Architects, and Interior Designers in which I am applying and I am qualified to take the exam and obtain licensure in the state of Arkansas.

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the forgoing statements and that they are made in good faith and are true in every respect.

Signature of Applicant

Printed Name of Applicant

Date

PLEASE INCLUDE A
RECOGNIZABLE
PHOTO IN THIS SPACE.

PHOTO MUST BE SIGNED
BY YOU AND DATED.
APPROXIMATE PHOTO
SAFE 2 1/2 x 2 1/2

6. NOTARIZATION. *To be made before a Notary Public or Official qualified by law to administer oaths.*

State of: _____ County of: _____

On this _____ day of _____ in the year _____, before me personally appeared _____, Applicant, known to me or satisfactorily proven to be the person herein described, and signed the foregoing Initial Application form, and on oath swears (or affirms) that all the statements herein made are true to the best of their knowledge and belief.

Date

Notary

My Commission Expires: _____

Notary Seal: